

**LIEN/NOTICE AMENDMENT/ASSIGNMENT/TERMINATION ASL-4**NORTH DAKOTA SECRETARY OF STATE/REGISTERS OF DEEDS
SFN 17760 (7-99)**PLEASE TYPE.** Please read instructions on back before completing.A. Filing Fee Instructions ☐ Check EnclosedOR ☐ Please Bill Customer Billing Number:B. Name and Address of Person/Entity Furnished Goods or Services
If individual, last name first SSN/TIN:Reserved for Filing Officer Use
Telephone Number:

C. Name and Address of Lien Holder SSN/TIN:

D. **ASSOCIATED STATEMENT**_____ hereby certifies that the lien filed on the _____ day of _____,
and bearing the document number _____ is☐ amended ☐ assigned ☐ terminated.E. **AMENDMENT****ASSIGNMENT**

Spelling of Debtor's Name Changed To:

From (Lienholder)

Debtor Address Changed To:

Debtor's Corrected SSN/TIN:

Spelling of Lienholder's Name Changed To:

To (New Lienholder)

Address of Lienholder Changed To:

F. Contact Person

Telephone #

G. Dated this _____ day of _____.

Signature

Type Name, Company and Title

Subscribed and sworn to before me this

_____ day of _____.

(SEAL)

Notary Public

My commission expires _____

ASL-4 INSTRUCTIONS

Use this form to amend, assign, or terminate an agricultural statutory lien.

AN AMENDMENT MAY BE FILED TO CORRECT ONLY THE FOLLOWING:

- * **SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER OF THE DEBTOR**
- * **THE SPELLING OF THE DEBTOR'S OR LIENHOLDER'S NAME**
- * **CORRECT OR CHANGE THE ADDRESS OF THE DEBTOR OR LIENHOLDER**

1. Verify for accuracy and correct spelling.
2. Submit the original and one copy for filing in the same office the original lien was filed.
3. Be sure this form is properly signed and notarized.

The following letters correspond to the lettered sections on the front of this form.

- A. **FILING FEE INSTRUCTIONS:** Clients may request to be billed for services. Upon approval a customer number is provided. This number needs to be typed on the form for accurate billing processing. Without a customer number, all fees must be paid at the time of filing.
- B. **NAME OF PERSON FURNISHED GOODS OR SERVICES:** List the name, complete mailing address, and social security number or tax identification number of the person furnished the goods or services on the original filing. If an individual, enter last name, first name and middle name.
- C. **NAME OF LIENHOLDER:** List the name of the person or company holding the lien, mailing address, and telephone number, on the original filing. The social security number or tax identification number is optional.
- D. **REQUESTED AMENDMENT, ASSIGNMENT, TERMINATION:** Enter the name of the person amending, assigning, or terminating the lien, the date the lien was filed and the filing document number. This date and document number appear on the original lien form returned to you by the filing officer. **MARK ONLY ONE BOX** indicating the action you are requesting affecting the original ASL lien. A change or termination to the original lien will automatically change or terminate the notice filing if there is one.
- E. **CHANGE INFORMATION:** This space is used to describe specific debtor and/or lienholder corrections being made to the original lien. If making an assignment be sure to provide the name of the secured party who is making the assignment and the complete name, address, and telephone number of the assignee. The social security number or tax identification number is optional.
- F. **CONTACT PERSON:** In order to facilitate the expediting of the filing, provide the name of the appropriate contact person with a telephone number.
- G. **SIGNATURES AND NOTARIZATION:** Have the person sign before a notary public. Type below the signature line the name of the individual, and if signing on behalf of a company, the individual's position with the company and

FEES:

- | | | | | |
|-------------------------|-------|-----------|---------------------|---------------|
| 1. Filing a Termination | _____ | No Charge | | |
| 2. Amendment | _____ | \$10.00 | Non-Standard Filing | _____ \$15.00 |
| 3. Assignment | _____ | \$10.00 | Non-Standard Filing | _____ \$15.00 |